

**DOMESTIC  
NONPROFIT CORPORATION  
INDEPENDENT LOCAL CHURCH**

**STATE OF MAINE**

**CHANGE OF CLERK  
and/or  
ADDRESS**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Corporation)

Pursuant to [13 MRSA §3025](#) the undersigned corporation executes and delivers for filing the following Change of Clerk and/or Address:

**FIRST:** ("X" all boxes that apply)

**A.** ☐ change of address

**B.** ☐ change of clerk and address

**C.** ☐ change of clerk

**D.** ☐ change in name of current clerk

**SECOND:** The name and address of the clerk appearing on the record in the Secretary of State's office:

\_\_\_\_\_  
(name of current clerk)

\_\_\_\_\_  
(street, city, state and zip code)

**THIRD:** Complete this Item as follows based on your selection in Item First:

**A.** The new address (provide address information only);

**B.** The name and address of the **new** clerk (provide name and address information);

**C.** The name of the **new** clerk (provide name only); **OR**

**D.** The new name of the current clerk (provide name only).

\_\_\_\_\_  
(name of new clerk or new name of current clerk)

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**DATED** \_\_\_\_\_

**\*By** \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

**\*By** \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

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**(1)** \*This document **MUST** be signed by the clerk or other duly authorized officer

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**